MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049868 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 13068

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JAN 9 1964

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b

c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Incarnate Word Hospital — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 2617 Alfred Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Ambrose Middle Last Puricelli

4. DATE OF DEATH Month December Day 29, Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 2/7/1885

9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Italy

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Alexander Puricelli

13b. MOTHER'S MAIDEN NAME Giovanina Zanzottera

14. NAME OF HUSBAND OR WIFE Louise Puricelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates d

16. SOCIAL SECURITY NO. 72

17. INFORMANT Louise Puricelli, 2617 Alfred Ave. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cancer of gall Bladder + Liver — INTERVAL BETWEEN ONSET AND DEATH unkn. 11/8

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 1551

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/8 to 12/29 and last saw her/him alive on 12/29

Death occurred at 10:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Berg (Degree or title) MD

22b. ADDRESS 32038 Grand

22c. DATE SIGNED 12/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-2-63

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) St.Louis Co., Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Calcaterra Funeral Home, 5142 Daggett Ave.

25. DATE RECD. BY LOCAL REG. DEC 31 1963

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	2	
3			
4	0		
5	1		
6			
7	2		
8	1		
9			
10			
11			
12	63-0		
13			
	63		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H Stephens

Licensed Embalmer No. 4693

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.